

**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Washington, D.C. 20231**

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 6/9/05      2 Serial/Patent # 10/518508

3 Please refund the following fee(s):

4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<u>1</u>	<u>12/21/04</u>	\$ <u>50</u>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

<input checked="" type="checkbox"/>	Filing
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Extension of Time
<input type="checkbox"/>	Notice of Appeal/Appeal
<input type="checkbox"/>	Petition
<input type="checkbox"/>	Issue
<input type="checkbox"/>	Cert of Correction/Terminal Disc.
<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Assignment
<input type="checkbox"/>	Other

7 TOTAL AMOUNT  
OF REFUND      \$ 50

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 1 4 -- 0 1 1 2

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. JOHNSON      TITLE: paralegal

SIGNATURE: A. Johnson      PHONE: 308-9940

OFFICE: PCT

\*\*\*\*\*  
 THIS SPACE RESERVED FOR FINANCE USE ONLY:  
 \*\*\*\*\*

APPROVED: \_\_\_\_\_      DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*